## MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER **AFTER** AS FILED AFTER AS FILED I"AMENDMENT AFTER. 2 MAMENDMENT CAMENDMENT. 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>56</u> 57 <u>63</u> <u>30</u>

TOTALIND

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CLAIMS

TOTAL END

TOTAL DEP

CLADAS

PTO - 1360 (REV. 11/04)

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